

VIH-00177465 IP-00060476
Mrs V. JHANSI
31-01-1991 35 Y 5 M 24 D (F)
Dr. KAPPAGANTULA APARNA



SURGERY DETAILS

Date : 25/6/26

Patient Name: Mrs. V. Jhansi Date of Birth: 01/01/1991 Age: 35yrs

Gender: Female Ward: OT UHID No.: 177465

Date of Surgery: 25/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Elective lower segment cesarean section ± B/L tubectomy under spinal anaesthesia

Time in : 12:07pm Time Out : 1:05pm

	NAME	AMOUNT
1. Surgeon	Dr. K. Aparna	OT charges
2. Anaesthetist	Dr. Madhav	
3. Assistant Surgeon	Dr. Nikitha / Dr. Faenaz	Tubectomy charges
4. OT Technician	Sr. Vaishnavi	3094.550
5. Circulating Nurse	Sr. Jyothi / Sr. Ruby	
6. Assistant Nurse	Sr. Bhawani	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3094553/3094554 Order by: Ruby

ACTIVITY RECORD FOR BILLING

I/H-00177465 IP-00060476

Mrs V. JHANSI

Name: 11-01-1991 35 Y 5 M 24 D (F)

Dr. KAPPAGANTULA APARNA

UHID N 



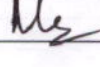
Consultant : _____

Dept : Labour ward

Date of Admission : 25/6/26 Time : 10:22AM Date of Discharge : _____ Time : _____

Room / Bed No : 230 Ward : U/W Suggested Billable bed type : _____


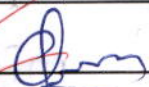

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	11:55am	MICU	(OT)	
25/6/26	1:40pm	OT	MICU	
26/6/26	12:25am	MICU	Room (205)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/6/26	IV placement	①	3094360	
	Catheterisation	①	3044360	
	PAC	①	3094359	
Cross check by Clerk 25/6/26				

ANY OTHER INFORMATION

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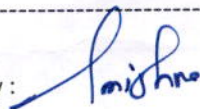
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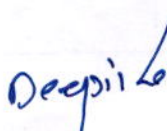
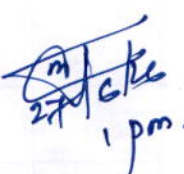
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Date: 27/6/26

Time: 1 pm

Prepared By: 

<p>Staff Nurse</p> <p></p>	<p>Shift / Ward</p> <p></p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



VIH-00177465
 Mrs V. JHANSI
 01-01-1991
 Dr. KAPPAGANTULA APARNA
 IP-00080478
 36 Y 6 M 25 D (F)

Patient Name :

IP.No: 60476

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	3	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery	1	✓	✓	
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
	Drug Chart (Regular prescription)	4	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Braden &	3	✓	✓	
	Thromboprophylaxis	1	✓	✓	
	Pain Assessment	3	✓	✓	
	Medical Reconciliation	2	✓	✓	
	Others	12	✓	✓	
	Total No. of Pages	53 pages			

Signature and Date :

[Signature]
 23/6/26
[Signature]

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Ref. No. F/INPR/12



Patient Name : -

Registration No.

VIH-00177465
 Mrs V. JHANSI IP-00060478
 01-01-1991 35 Y 5 M 25 D (F)
 Dr. KAPPAGANTULA APARNA



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
26/6/26	00.00	Abdominal girth. 4:30pm - 100cm		
	1.00	8:30pm - 96cm.		
	2.00	12:30 Am - 93cm		
	3.00	4:30 Am - 101cm		
	4.00			
	5.00			
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

ADMISSION SHEET

Registration Details :



Admission No : IP-00060476

Admit Date : 25-Jun-2026

Admit Time : 10:22 AM UHID : VIH-00177465

Patient Details :

Patient Name : Mrs V. JHANSI

Age : 35 Y 5 M 24 D

Guardian : Mr GOPICHAND SAJJANA

DOB : 01-01-1991

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : 1-5-433/4 suryanagar, old alwal flat no 100,
Old Alwal Bolaram Bazar Hyderabad
Telangana INDIA 500010

Phone No : 9494260191

E-mail : jhansivalluri@gmail.com

Admission Details :

Bed Type : MICU

Bed No : MICU 230

Ward Name : N 2F-MICU

Room No : MICU 230

Admission Type : First Visit

Contact Details :

Name : Mr GOPICHAND SAJJANA

Relationship : W/O

Contact Address : 1-5-433/4 suryanagar, old alwal flat no 100, Old Alwal Bolaram Bazar Hyderabad Telangana
INDIA 500010

Phone No : 9494260191 / 7207430743

Signature

Doctor Details :

Doctor Name : Dr. KAPPAGANTULA APARNA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR.KAPPAGANTULA APARNA

Phone No :

Co-Consultant :


Payment Details :

Deposit Amount : 100000.00

Payment Mode : DC/CC Card

Payor Name : SELFPAY

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00177465 IP-00060476 Mrs V. JHANGI 01-01-1991 35 Y 5 M 24 D (F) Dr. KAPPAGANTULA APARNA 		Date & Time of Admission 25/6/2020 10:22 AM	Date & Time of Transfer Order 25/6/2020 1:40 PM
		Transfer Ordered by DR madhav	Reason for Transfer post operative case
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 42	Number of Imaging Films will	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.	will	
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring SR Jyothi	Name of Person Ordered Transfer DR. madhav.
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Patient & Clinical Records Received by : *Rani 25/6/20 @ 2pm*

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No.		Date & Time of Admission 25/6/26 A:	Date & Time of Transfer Order 25/6/26 A: 11:55AM
Treating Consultant Name		Transfer Ordered by Dr. Yogeshwari	Reason for Transfer Em. CS CS
From Unit NICU	To Unit (OT)	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis. pooja		Name of Person Ordered Transfer Dr. Yogeshwari	
Patient & Clinical Records Received by : Jyothi			
Date & Time of Patient Received : 25/6/26 11:55AM			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :


Unavailable Bed

Nurse not Available

Available Bed not ready

PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00177465 IP-00060476 Mrs V. JHANSI 01-01-1991 35 Y 5 M 25 D (F) Dr. KAPPAGANTULA APARNA 		Date & Time of Admission 25/6/26 @ 10:22 AM	Date & Time of Transfer Order 25/6/26 @ 12:45 PM
From Unit MICU		Transfer Ordered by Dr. Greeshma	Reason for Transfer observation
To Unit Room (205)		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? files, dress
Number of Sheets in Clinical File 39		Number of Imaging Films -	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. pan - 15	
2.	underpad - 1	
3.	Saral - 1	
4.	Baceinub - 1	
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Greeshma

Name & Signature of Person who is Transferring Sis. Meghana	Name of Person Ordered Transfer Dr. Greeshma
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Patient & Clinical Records Received by : Akanksha 25/6/26 @ 12:45 PM

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 25/6/26 Time of Arrival: 10:00am Time Seen by Nurse: at 10:50am

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

- Severe Pain / Moderate Pain
- Bleeding PV: Slight / Heavy
- Decreased Fetal Movement
- No Fetal Movement
- Preterm rupture of Membranes / Leaking Water PV
- Preterm Labor/ Labor
- Spontaneous Rupture of Membrane / Leaking Water PV
- Other Reason: flu - LSCS

3) Vital Signs: Temperature: 98.6F Pulse: 84bpm RR: 19bpm SpO₂: 99% BP: 120/80 Weight: 75

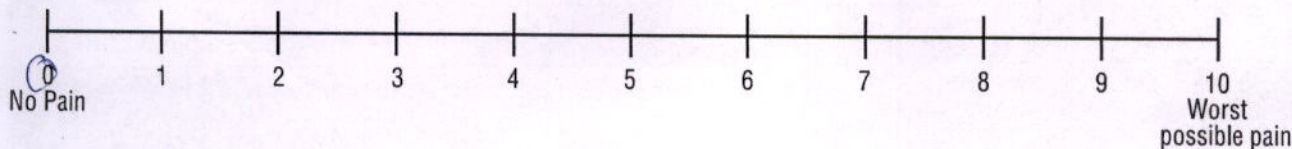
4) Gestational Criteria:

Gravida:	G <u>2</u>	P <u>1</u>	L <u>1</u>	A <u>1</u>
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LMP: 6/10/25 EDD: 13/7/26 Gestational Age: 37+3 weeks

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



- Location: flu
- Duration: flu Days / Weeks/ Months (Strike out which is not applicable)
- Character: flu
- Frequency: flu
- Interventions: flu

6) Past History:

- a) Surgeries: preterm LSCS 2024 ovarian cystectomy in 2009
- b) Medical: flu



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

- None Gestational Diabetes
- Chronic Hypertension Low placenta
- Gestational Hypertension Others if yes, specify
- Diabetes

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

- Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
- Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
- Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
- Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
- Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (< spotting) < 37 weeks	Bleeding associated with cramping (> spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 10:30 AM

Nurse Name : Rani Nurse Signature: Rani

Date: 25/6/20 Time: 10:10 AM



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify CHD

Primary Language: Telugu English Hindi Others, specify _____

Do you require an interpreter? Yes No if Yes specify _____

Source of Information: Patient Family Others, specify _____

Allergies: Yes No Medications Blood Transfusion Food Other: _____
If yes, identify _____

Chief Complaints: SC - LSCS Doctor Notified on Admission: Yes No
Name of the Doctor: Dr. Yogeshwar
Time Notified: 10:30 AM

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify) _____

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	<u>prev LSCS 2024 ovarian Cystectomy in 2009</u>	<u>yes</u>

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u>	Caesarean Section: <input type="checkbox"/> No <input type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche: _____	Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period: <u>6/10/25</u>	Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Others: _____	If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 2 P 1 L 1 A _____

Previous LSCS: _____

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other father dm

Vital Signs / Measurements: Temp: 98.6F HR: 85b/m RR: 16b/m
BP: 113/70mmHg Weight: 75kg Height: 162cm BMI: _____

Pain Assessment: Pain: Yes No (If Yes, complete the Pain Assessment / Reassessment Form)



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score0..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score25..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative Restless Depressed Agitated Confused
 Others

Inform consultant for positive criteria

SOCIAL SCREENING:

- 1. Marital Status: Single Married Divorced Widow
2. Special Habits: Smoker: Yes No Alcohol Abuse: Yes No Drug Abuse: Yes No

Social History: Lives WithFamily.....

Orientation has been given regarding the following aspects:

- Call Bell in Reach : Yes No Waste Disposal Explained: Yes No
Infusion Pump : Yes No Hand Hygiene Explained: Yes No Others

Above information given toMrs. V. Jhansi.....

Name of Person Orientation was given to:Mrs. V. Jhansi.....

Orientation not given Reason:

Nurse Signature:Ms.....

Nurse Name:Meghana.....

Date & Time:25/6/26 @ 10:30 pm.....



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 6/10/2025

EDD: 13/7/2026

Corrected EDD: 13/7/2026

GA: 37+3 weeks

Obstetric Formula: G2P1L4

ML-5Yrs NCM

Menstrual History: Regular: Yes No

Obstetric History:

Obstetric Examination

I - Male | 24yr | Preterm LSCS | 30wks | Em | Reversed diastolic flow | NICU - 60 day | A4H
Fundal Height: TG uneventful | BFX 14yr | RCH UKP

II - PP, Spontaneous conception

Ut. Activity: Relaxed Mild Mod Severe

Booked to RCH since conception

Liquor: Adequate Oligo Poly

Present Pregnancy Record: on tab EcoSpin

PP: Cephalic Breech Others _____

15 → 150mg OD since conception stopped at 32wks.

Head Fifths Palpable: _____

T1 T2 T3 uneventful

RISK FACTORS: ~~TT~~ TT dose taken

FHS: Normal Tachy Brady Absent

previous LSCS

Per Speculum Examination Not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination Not done

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

Height: 162 cm

Weight: 75 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: c/c/c Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afebrile PR: 94 bpm

BP: 102/72 mmHg DTR: ⊕

CVS: S+S ⊕ RS BAE ⊕

Liver/Spleen: Normal Urine Output: Adequate

DIAGNOSIS

G2P1L4 with 37+3 weeks with previous LSCS

for Elective Lower segment cesarean section with Bilateral Tubal ligation



<p>Family History:</p> <p>Father - DM</p>	<p>Surgical History:</p> <p>previous LSCS 2024 ovarian cystectomy in 2009</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>Nil</p>
<p>Plan of Care: <u>C/I to DR APARNA MAM</u></p> <ul style="list-style-type: none"> - Admission - NBM - consent - PAC - Part preparation - Monitor FHR - Monitor vitals - Follow drug chart - 10 PRBC Reserved at Taranaka blood bank - Foley's catheterization - Inform SOS <p>Noted by Pooja @ Mam 25/6/2026</p>	<p>Investigations:</p> <p><u>25/1/26</u> HIV ? HBsAg } NR HCV } RPR - NR</p> <p><u>24/6/26</u> CBP - 12.7 / 9600 / 2.39 L Creat - 0.6 PT - 12.7 eGFR - 122.2 INR - 0.85 APTT - 29.8 Globulin - 3.8 Rest. (N)</p> <p><u>20/6/26</u> AFI Doppler 36 + 5 WK SLIUF, cephalic AFI - 14.6 Doppler - Normal PI - Post High</p> <p><u>12/6/26</u> Growth scan 35 + 4 WK. SLIUF, cephalic EFW - 2340 gm AC - 14.1 AFI - 16.2 cm PI - Post High Doppler - (N)</p> <p><u>2/3/26</u> TIFFA 21 wks SLIUF No anomalies CL - 34mm</p> <p><u>29/12/25 (outside)</u> NT scan 12 WK SLIUF NT - 1.2 mm NB (N)</p> <p><u>3/2/26</u> Early TIFF 17 + 1 WK SLIUF Nasal bone absent Echogenic small bowel CL - 31mm</p> <p><u>Amniocentesis</u> 18 WK chromosomal microscopy - NO significant copy no. variation detected. Karyotype Normal</p>

Doctor Name: Dr. Yogeshwari
 Signature: [Signature]
 Date & Time: 25/6/2026 10:30 AM

Consultant Name: Dr. Aparna K.
 Signature: [Signature]
 Date & Time: 25/6/2026

VIH-00177465
 Mrs V. JHANSI IP-00060476
 01-01-1991 35 Y 5 M 24 D (F)
 Dr. KAPPAGANTULA APARNA

(C)

Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	POD-0	(LSCS)
1:40 pm	O/E - pf is c/c	Adv:
Pstr	Gc - Fair	- NBM x 6 hours
	Afebrile	- No chaxing
	BP - 91/65 mmHg	- w/F bleeding PV
U/O	PR - 102 bpm	- monitor vitals
300ml	S/E - NAD	- Follow drug chart
deat, adeq	PIA - ut - w/R	- Rest
	Soft, BS =	- Infosm sos
	U/E - NAB	
	Baby ← ^A _M BF ⊕	
		Dr. Nikhita
	UI to anesthetist	
25/6/26	UI to A parna man	
3:05 pm	At. do itching & Rash all over body.	
		Adv
		- Inj. Avil 2ml IV stat
		- Inj hydrocortisone
		100mg IV stat
		stop rest medication
		care only
		- Inj PCMKM IV BD
		- PARACETAMOL SUPPOSITION
		BP Dr. Ashu

~~Noted by Rami 25/6/26~~

~~Noted by Rami 25/6/26 3:50~~



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/2026 5:40 PM	POD-0 (LSES) O/E - pt is c/c/c GC - Fair Afebrile	Adv: - NBM till 7:40 pm - I/O charting - monitor vitals
U/O 300 ml clear, adeg.	BP - 110/75 mmHg PR - 85 bpm S/E - NAD PIA - ut - w/r. soft, BS $\frac{+}{+}$	- W/F bleeding PV - Follow drug chart - Infuse ses
	L/E - NAB Baby $\left\{ \begin{array}{l} A \\ M \end{array} \right. BF \oplus$	 Dr. Nikhita
Noted by Ravi 25/6/26 @ 5:40 PM		
25/6/26 10:30 PM P22	POD-0 (LSES) O/E pt is c/c/c GC - fair Afebrile	Adv: - Clear liquids - Left diet after passing flatus - I/O charting - W/F Bleeding PV - Monitor vitals - Follow drug chart - Infuse ses
U/O - 200 ml Adeg, clear	BP - 112/78 mmHg PR - 82 bpm S/E - NAD PIA - ut ~ w/r soft BS \oplus	
	L/E - NAB Baby $\left\{ \begin{array}{l} A \\ M \end{array} \right. BF \oplus$	
Shift to Room		 Dr. Anupama
Noted by Nishu 25/6/26 10:50 PM		



8

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 11 PM	<p><u>C/I to Axon</u> Vitals stable Tri-Metronidazole 500mg IV stat given ↓</p>	<p><u>Adv</u> - Continue Tri-Metronidazole 500mg IV 8 hourly - Inform SOS - Can be shifted to room</p>
	<p>No reactions noted.</p> <p>Noted by Meghna 25/6/26 @ 11pm</p>	<p><u>Adv</u> [Signature]</p>
<p>26/6/26 7:30 AM <u>Pr</u> U/O - 2020 ml Adequate, clear <u>Remove Foley</u></p>	<p><u>POD-1 (Post USG)</u> OIC Rt is c/c cc - fair Abdomen BP - 96/63 mmHg PR - 83 bpm S/E - NAB P/A - Uterus well Soft, BCF L/E - NAB Baby FA, BP (F) M</p> <p>Noted by Deepika @ 7:30 AM</p>	<p><u>Adv</u> - Soft stool after passing flatus - W/F Bleeding PV - Ambulation - Adequate hydration - Monitor vitals - Follows dry chest - Refuse to eat</p> <p>[Signature]</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>26/6/26</u> 1:30 PM	<u>POD - 1 (LSCS)</u> O/E - pt is c/c/c	Adv:
<u>P2L2</u>	Gc - Fair	- Soft diet
<u>Urine passed</u>	Afebrile	- w/F bleeding PU
<u>Flatus not passed</u>	BP - 85/54 mmHg	- monitor vitals
	PR - 95 bpm	- Follow drug chart
	S/E - NAD	- Ambulation
<u>Abt: 100 cm</u>	PIA - wt - W/R	- Adeq. hydration
	Soft, BS (+)	- Infom sas
	LE - NAB	- AC - 4th hourly
	Baby < A M BF (+)	<u>Dr. Niklita</u>
	PIA - mild distension (+) 2 pairs in abdomen	<u>Dr. James</u>
	Noted by Deepika	
	<u>POD - 1 (LSCS) 26/6/26 @ 1:30 PM</u>	
<u>26/6/26</u> 9 PM	O/E - pt is c/c/c	Adv:
<u>P2L2</u>	Gc - Fair	- Soft diet
<u>Urine passed</u>	BP - 95/62 mmHg	- Adeq. hydration
<u>Motion passed</u>	PR - 84 bpm	- Ambulation
	Afebrile	- w/F bleeding PU
	S/E - NAD	- monitor vitals
<u>Abt: 95 cm</u>	PIA - wt - W/R	- Follow drug chart
<u>CBP tomorrow</u>	Soft, BS (+)	- Infom sas
	LE - NAB	<u>Dr. Niklita</u>
	Baby < A M BF (+)	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 8 AM.	POD-2 (LSCS) O/E - pt is c/c/c	Adu: - (N) diet
P2L2 urine passed motion passed	GC - Fair Afebrile BP - 107 / 60 mmHg PR - 85 bpm S/E - NAD	- Adeq. Hydration - Ambulation - w/F bleeding PV - monitor vitals - Follow drug chart
CBP - 10 / 13800 / 2016L	PIA - wt - w/R. soft, BS (+) UE - NAB. Baby \leftarrow M BF (+)	- Inforn SOS. Ishan Dr. Farmer (+) Dr. Nikhita
noted by Ashu 27/6/26 @ 8 am		
27/6/26 2 pm	<u>POD-2 (Post LSCS)</u> O/E pt is c/c/c	<u>Adu</u>
urine & motion passed pt can be discharged	GC fair Afeb BP - 112 / 76 mmHg PR - 70 bpm S/E NAD PIA soft BS (+) wt w/R UE NAB Baby MS - BF (+)	- (N) Diet - Hydration - Ambulation - w/F bleeding PV - Monitor vitals - follow drug chart - Inforn SOS
noted by Pooja 27/6/26 2 pm Dr. Nandhan		

NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known						
Diagnosis: <u>C2p4 with 37+3 weeks with previous LSCS for LSCS Bilateral Tubal ligation</u>		If Yes Specify:						
Surgery / Procedure:		Post OP Day:						
BACKGROUND	Date	25/6/26	25/6/26	26/6/26	25/6/26	25/6/26	26/6/26	
	Shift	M	M	E	N	N	M	
Medical Condition (Any special condition to be noted):		-	-	-	-	-	-	
Diet:		NBM	NBM	Clear liquid	clear liquid	clear liquid	clear liquid	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6F	98.6F	98.6F	98.8F	98.0F	98.10F
		Res:	19b/m	19b/m	19b/m	19b/m	19b/m	18b/m
	SpO ₂ :	99%	99%	99%	99%	99%	99%	
	Pulse:	85b/m	82b/m	86b/m	83b/m	82b/m	82b/m	
	BP:	118/70mmHg	110/70mmHg	110/70	115/70mmHg	89/56(6)	89/52(62)	
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:	10	-	-	0	0	0	
Pain Score:	10	0	0	0	0	0		
Skin Integrity	50	intact	intact	intact	intact	intact		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	nil	nil	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	NBM	-	liquid	clear liquid	clear liquid	clear liquid	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent		
Post Operative Procedure Special Orders:		-	NBM	w/f Bleedin	w/f Bleeding PV	-	-	
Handed Over By Name :		Pooja	Srinubha	Dani	Meghana	Akanksha	Duipika	
Signature / ID :								
Date:		25/6/26	25/6/26	25/6/26	26/6/26	26/6/26	26/6/26	
Time:		@ 1:30pm	@ 3pm	@ 5pm	@ 12:45pm	@ 8am	@ 2pm	
Taken Over By Name :		Jyothi	Dani	Meghana	Akanksha	Duipika	Duipika	
Signature / ID :								
Date:		25/6/26	25/6/26	25/6/26	26/6/26	26/6/26	26/6/26	
Time:		@ 1pm	@ 8pm	@ 1pm	@ 8am	@ 2pm	@ 2pm	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G2P1L1 C 37+3 wks C previous LSCS for LSCS Bilateral Tubal Ligation</i>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	<i>26/6/26</i>	<i>26/6/26</i>	<i>27/6/26</i>				
	Shift	<i>E</i>	<i>N</i>	<i>M</i>				
	Medical Condition (Any special condition to be noted):	-	-	-				
Diet:	<i>③ diet</i>	<i>③ diet</i>	<i>③ diet</i>					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6°F</i>	<i>98.6°F</i>	<i>98.6°F</i>			
		Res:	<i>20b/m</i>	<i>28b/m</i>	<i>20b/m</i>			
		SpO ₂ :	<i>99%</i>	<i>100%</i>	<i>99%</i>			
		Pulse:	<i>82b/m</i>	<i>93b/m</i>	<i>95b/m</i>			
		BP:	<i>109/60mm</i>	<i>105/63mm</i>	<i>100/63mm</i>			
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>			
		Fall Risk Score:	<i>0</i>	<i>0</i>	<i>0</i>			
	Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>				
	Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>				
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-				
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>③ diet</i>	<i>③ diet</i>	<i>③ diet</i>				
	Critical Lab Test / Values:	-	-	-				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>					
Post Operative Procedure Special Orders:	-	-	-					
Handed Over By Name :	<i>Deepika</i>	<i>Akanksh</i>	<i>Deepika</i>					
Signature / ID :	<i>607469</i>	<i>606607</i>	<i>607469</i>					
Date:	<i>26/6/26</i>	<i>27/6/26</i>	<i>27/6/26</i>					
Time:	<i>@ 8pm</i>	<i>@ 8AM</i>	<i>@ 2pm</i>					
Taken Over By Name :	<i>Akanksh</i>	<i>Deepika</i>						
Signature / ID :	<i>606607</i>	<i>607469</i>						
Date:	<i>26/6/26</i>	<i>27/6/26</i>						
Time:	<i>@ 8pm</i>	<i>@ 8AM</i>						

File sent to history

VIH-00177465 IP-00060476
 Mrs V. JHANSI
 01-01-1991 35 Y 5 M 24 D (F)
 Dr. KAPPAGANTULA APARNA

NURSING CARE RECORD



Date: 25/01/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Ensure safety	8am	provide side rail	to prevent fall	patient is safe	poora 25/1/26 8:12pm
	10am	maintain fluid balance	10am	RI-100ml	maintained fluid balance	Re-assess maintained fluid	
Afternoon	2pm	prevent Infection	2pm	Antibiotic given	Prevented Infection	Re-Assess prevented sepsis	J. Pat 25/1/26 2pm
Night	8pm	Maintain fluid balance Relieve pain & discomfort	8pm	IV fluids administered as per doctor's order analgesic given	To prevent dehydration To reduce	patient is well hydrated pain	megha 25/1/26 11pm

VIH-00177465

Mrs V. JHANSI

01-01-1991

35 Y 5 M 25 D (F)
Dr. KAPPAGANTULA APARNA

IP-00060476



NURSING CARE RECORD



Date: 26/6/20

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	* Ensure Safety	9 AM	* provided side rails	* prevent fall risks	* Re-Assessment done patient is safe.	Deepika 26/6/20 @ 9 AM
Afternoon	2 PM	Maintain Fluid Balance	5 PM	To give fluids	To prevent dehydration	Re-Assessment done 4th hourly	Deepika 26/6/20 @ 8 PM
	6 PM	Relieve pain & Discomfort	8 PM	To give Analgesia	To prevent Pain	vitals checked	
Night	8 PM	- Ensure safety - maintain fluid Balance.	8 AM	- kept up side rails - prevent from fall risk	- To prevent from dehydration	patient is stable.	Akanksh 27/6/20 @ 8 AM



NURSING CARE RECORD

Date: 27/6/20

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Ensure Safety	10AM	To provide side rails	To provide safety	4th hourly vitals checked.	Deviator @ 7/6/20 @ 2PM
	11AM	Maintain personal hygiene	2pm	To give hand rubs	To prevent infection		
Afternoon				Discharge met Dr. Come Don is safe Don	Read and present Don.		
Night							

VIH-00177485 IP-00080476
 Mrs V. JHANSI 36 Y 5 M 26 D (F)
 01-01-1991
 Dr. KAPPAGANTULA APARNA



NURSING CARE RECORD

Date:

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs V. JHANSI Age : 35 Y 5 M 24 D
IP No: IP-00060476 Sex: Female
Consultant: Dr. KAPPAGANTULA APARNA Ward/Bed No: N 2F-MICU/MICU 230

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

- 1 We do not allow use of medication brought from outside by the patient.
- 2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Relationship: Husband

Date: 25-06-2026

Time:

Witness Name:  

Witness Signature:  

Patient Address:

1-5-433/4 suryanagar, old alwal flat
no 100, Old Alwal Bolaram Bazar
Hyderabad Telangana INDIA 500010

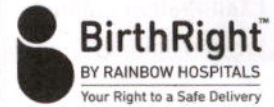
VH-00177465 IP-00060476

Mrs V. JHANSI

31-01-1991 35 Y 5 M 24 D (F)

Jr. KAPPAGANTULA APARNA

Patient S



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: M-32. V. Jhansi	Date of Delivery: 25/6/2026.
Assistant Surgeon: Dr. Faenaz, Dr. Nikhita.	Time of Delivery: 12:20:59 PM.
Anaesthetist's Name: Dr. Madhavi	Gender of Baby: Female.
Type of Anaesthesia: Spinal.	Weight of Baby: 2.31 kg.
Neonatologist: Dr. Shwikar.	AGPAR Score: 7/10, 9/10
Scrub Nurse: Bhavani sister.	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: G2P1L1 @ 37+3 weeks @ prev. LSCS for elective LSCS @ B/L TL.

Elective

Emergency

Indication: previous LSCS.....

Urgency

- Immediate Threat to life of woman or fetus
- Maternal or fetal compromise not immediately life threatening
- No maternal or fetal compromise but needs early delivery
- Delivery timed to suit woman and staff

Decision time: Knife to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: Elective Lower Segment Caesarean section under spinal anaesthesia + Bilateral tubectomy.

Post Operative Diagnosis:

Peri-Operative Complications:

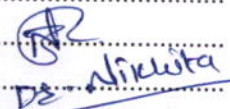
Amount of Blood Loss: 300 ml Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: cm
 5th Palpable: Fetal Position:
 Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++
 Caput: + ++ +++ Meconium: None + ++ +++
 Bladder Catheterized: Yes No Urine: Clear Blood Stained

Previous Scar excised.
 Skin Incision: Pfannenstiel Transverse Midline Other
 Uterine Incision: Lower Segment Classical Inverted T J Incision
 Previous Scar: Intact Thinned out Ruptured No Scar
 Incision Through Placenta: Yes No
 Delivery of head: Manual Forceps
 Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
 Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
 Cord Appearance: N Cord around the neck Yes No
 Appearance of placenta: N Cavity explored Yes No
 Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers Vicryl 3.0 Suture
 Peritoneal Closure: Pelvic Abdominal None Catgut 3.0 Suture
 Sheath Closure: Vicryl No. 1 Suture
 Fat Closure: Yes No Catgut 1.0 Suture
 Skin Closure: Subcuticular Mattress Monocryl 3.0 Suture
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter Yes No Remove in ~~12 less~~ days Await instructions
 Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
 Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No
 Post-Operative Notes: BIL fallopian tubes + ovaries identified.
 Both tubes ligated using a modified Pomeroy's
 method.
 post-op notes - NBM for 6 hours.
 Ila charting
 w/f bleeding PV
 Follow drug chart
 monitor vitals
 Inform SAs
  Dr. Nikhita

Doctor Name: Dr. Aparna K Doctor Signature:
 Date & Time: 25/6/2026 1:30 pm

SURGICAL SAFETY CHECKLIST

Surgeon : DR Aparna
 Asst. Surgeon : DR Farnaz
 Anaesthetist : DR Madhav
 Scrub Nurse : SR Bhavani

WIH-00177465 IP-00060476
 Mrs V. JHANSI
 11-01-1991 35 Y 5 M 24 D (F)
 Jr. KAPPAGANTULA APARNA
 Date: 25/6/26 In-time: 12:07 pm Out-time: 1:05 pm

Age: Gender:
 Name: EL. LSCS+



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>11:55 pm</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature: <u>B de</u>	
Name: <u>Dr. Brundar</u>	
	<u>25/6/26</u>

TIME OUT	Time: <u>12:07 pm</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>500 ml</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>Jyothi</u>	
Name: <u>sr jyothi</u>	

SIGN OUT	Time: <u>1:05 pm</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>DR</u>	
Name: <u>Dr. Nikita</u>	

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. V. Jhansi Age : 35y Gender : Male Female

UHID NO: V14-00179465 Surgeon Name: Dr. Aparna K.

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Elective Caesarean delivery + Bilateral Tubal ligation

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease Hypertension Diabetes mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease
 Others : Bleeding

Comments :

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. V. Jhansi the above mentioned operation / Diagnostic / Therapeutic procedures Elective Caesarean delivery + Bilateral Tubal ligation.

I authorize and give consent for anaesthesia (Regional / General Anesthesia / Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : *V. Thani*

Name : *VITHANI*

Relationship with Patient: *SELF*

Date & Time : *25/6/26, 11:15 AM*

Witness :

Signature : *S. Madhul*

Name : *Gopi Chand*

Date & Time : *25/6/26, 11:15 AM*

Doctor (who is taking the consent) :

Signature : *B. de*

Name : *Dr. Bhandu*

Date & Time : *25/6/26, 11 AM*

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS V. JHANSI Gender: Male Female Age : 35 YEARS

UHID No : VH-00177465 / IP-60476 Date : 25/06/2026

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

ELECTIVE LOWER SEGMENT CESAREAN SECTION WITH BILATERAL TUBAL LIGATION upon MRS. V. JHANSI
(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTIONS, INFECTIONS, POST PARTUM HEMORRHAGE PERMANANT AND IRREVERSIBLE METHOD, 21% CHANCE OF FAILURE RATE, RISK OF ECTOPIC PREGNANCY ADHESIONS.

My signature on this form indicates that

- I have read and understood the information provided in this form
- My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
- I have had a chance to ask my surgeon questions.
- I have received all the information I desire concerning the operation or procedure and
- I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. K. APARNA

Consentee :
Signature : [Signature]
Name : V. Jhansi
Date & Time : 25/6/26, 11:15 AM

Patient Attendant :
Signature : [Signature]
Name : ETOP/Chand
Relationship with Patient: Huband
Date & Time : 25/6/26, 11:15 AM

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr. Geetha
Date & Time : 25/6/26, 11:15 AM



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 25/6/20

To Be Filled In By Assigned Nurse:

Department: Labour ward Duration of Procedure: 1hr (lock 1hr)
 Name of Surgeon: Dr. Aparna Date of Admission: 25/6/20

Bundle Care Criteria: (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>Oral - Cefotaxime</u>	
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input checked="" type="checkbox"/> Surgical Clipper Department where Hair Removed: <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: <u>ward</u> Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Patient's body temperature immediately post operation (Recovery Room) <u>98.65°C</u> <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: <u>Sis. poofa</u> Date & Time of antibiotic administration: <u>25/6/20 at:</u> Date & Time procedure started: <u>25/6/20 at: 12:00 pm</u>	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

VIH-00177465 IP-00060476
 Mrs V. JHANSI
 01-01-1991 35 Y 5 M 24 D (F)
 Dr. KAPPAGANTULA APARNA



①

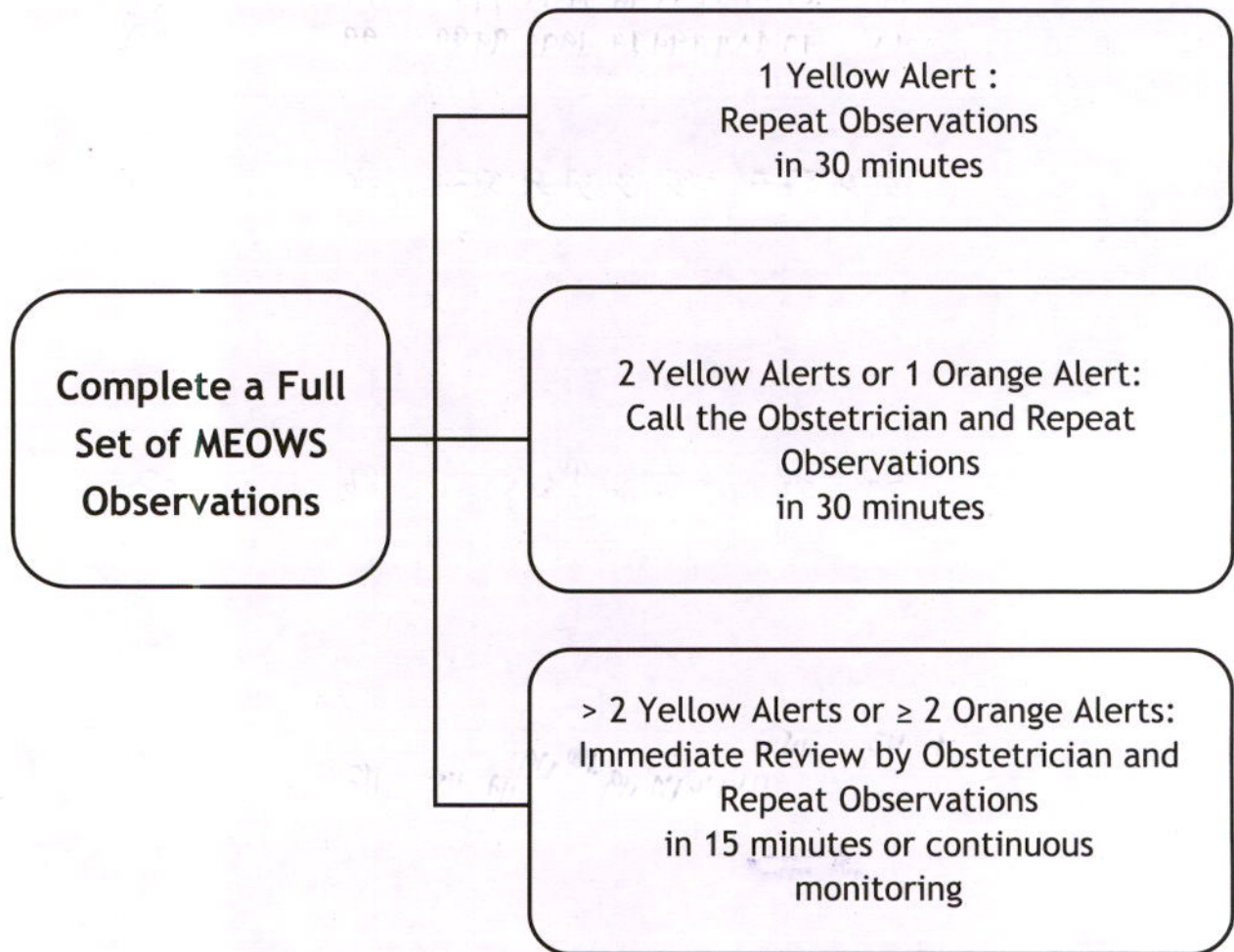


Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

25/6/26		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	③	4	5	6	7		
		Time																										
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20		19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																											
Saturations	94 - 100 %		99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37		37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	
	36																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
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	80		89	88	82	85	86	87	91	82	85	87	86										83				83	
	70																											
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50																												
40																												
Systolic Blood Pressure ↑	190																											
	180																											
	170																											
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	130		113	115																								
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Diastolic Blood Pressure ↓	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70		75	78	72	75	75	78	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	
	60																											
	50																											
	40																											
	NEURO RESPONSE [✓]	Alert			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Voice				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Pain				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Unresponsive																												
URINE mls / hour	> 30		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal		nt	nt	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	nt		
	Heavy / Foul																											
Liquor	Clear / Pink		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	nt	nt						nt			nt			
	Green																											
TOTAL YELLOW SCORES			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial			P	PSA	P	P	P	P	P	P	P	P	P	P	MS	MS						P			A			

Obstetrics and Gynaecology Early Warning Signs



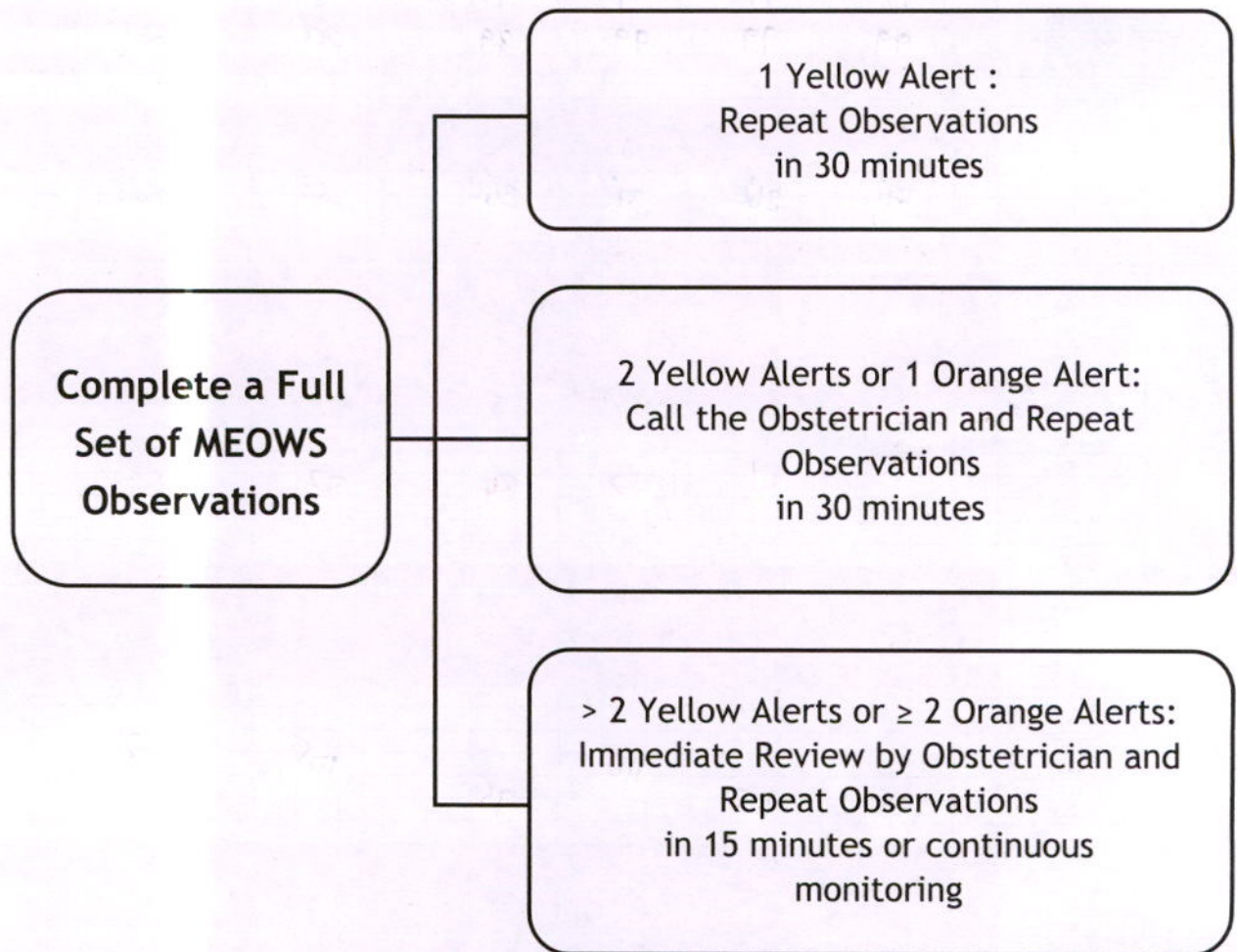
* The Modified Early Warning Score (MEOWS)

Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT
 TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19		19		19		19		19		19		19		19		19		19		19	
	0 - 10																								
Saturations	94 - 100 %			99		99		99		99		99		99		99		99		99		99		99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37			37.2		36.8		37.2		36.8		36.8		36.8		36.8		36.8		36.8		36.8		36.8	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			95		89		92		84		82		85		81		81		81		81		81	
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	140																								
	130																								
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	110			95		105		110		95		105		102		92		92		92		92		92	
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Diastolic Blood Pressure	130																								
	120																								
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70																									
60																									
50			54		64		70		62		52		60		52		60		52		52		52		
40																									
NEURO RESPONSE [✓]	Alert			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal			NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		NA	
	Heavy / Foul																								
Liquor	Clear / Pink			NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		NA	
	Green																								
TOTAL YELLOW SCORES				0		0		0		0		0		0		0		0		0		0		0	
TOTAL ORANGE SCORES				0		0		0		0		0		0		0		0		0		0		0	
Nurse Initial				D		D		D		D		D		D		D		D		D		D		D	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00177485 IP-00080476
 Mrs V. JHANSI
 01-01-1991 36 Y 5 M 25 D (F)
 Dr. KAPPAGANTULA APARNA

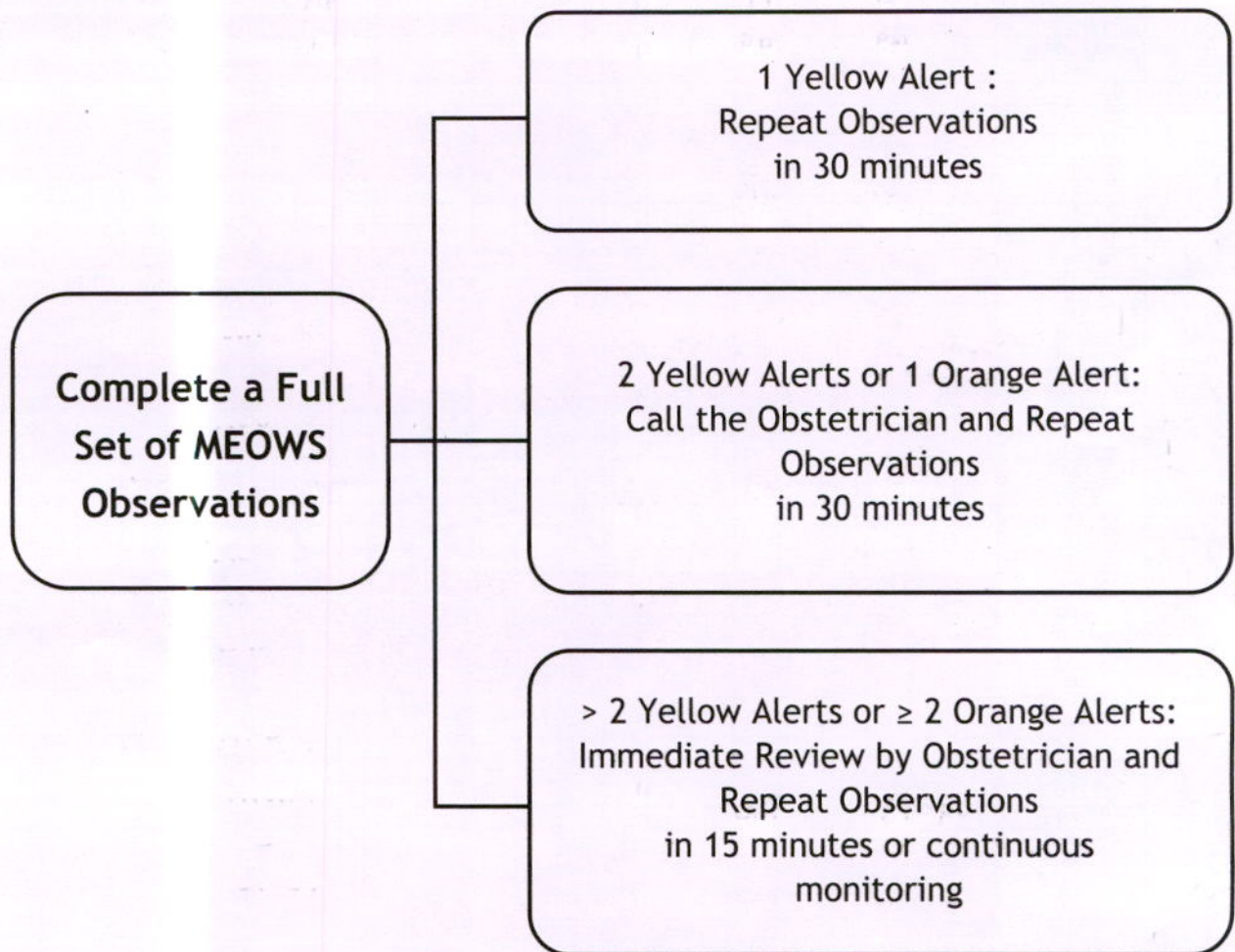


Early warning Observation Score Chart - Obstetrics

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		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
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Saturations	94 - 100 %			99			99																			
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60			69			62																				
50																										
40																										
NEURO RESPONSE [✓]	Alert			✓			✓																			
	Voice																									
	Pain																									
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URINE mls / hour	> 30			✓			✓																			
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal			NA			NA																			
	Heavy / Foul																									
Liquor	Clear / Pink			NA			NA																			
	Green																									
TOTAL YELLOW SCORES				0			0																			
TOTAL ORANGE SCORES				0			0																			
Nurse Initial				D			D																			

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FLUID CHART

Sheet No. : ①

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
21/6/26	08:00 am											
	09:00 am											
	10:00 am	RL 500ml IV FF							100ml			
	11:00 am	RL 500ml IV FF							100ml			
	12:00 pm	RL 100ml IV + RL 900ml/hr.							100ml			
	01:00 pm	NBM							100ml			
Total Intake :						Total Output :					400ml	
21/6	02:00 pm	RL - NBM - 100ml							100ml			
	03:00 pm	RL 100ml							100ml			
	04:00 pm	RL 100ml							100ml			
	05:00 pm	RL 100ml							100ml			
	06:00 pm	RL 100ml							100ml			
	07:00 pm	RL 100ml, 100ml							100ml			
Total Intake :			700ml			Total Output :					500ml	
25/6	08:00 pm	H ₂ O 50ml + RL 100ml/hr							100ml			
	09:00 pm	H ₂ O 50ml + RL 100ml/hr							100ml			
	10:00 pm	H ₂ O 50ml + RL 100ml/hr							50ml			
	11:00 pm	H ₂ O 50ml + metrogyl 100ml/hr							50ml			
	12:00 am	H ₂ O							100ml			
	01:00 am								100ml			
Total Intake :						Total Output :					630ml	
	02:00 am								50ml			
	03:00 am	H ₂ O							50ml			
	04:00 am	O ₂							50ml			
	05:00 am								50ml			
	06:00 am	H ₂ O							100ml			
	07:00 am								100ml			
Total Intake :						Total Output :					400ml	
Total 24 hrs. Intake						Total 24 hrs. Output					2030ml	



FLUID CHART

Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
26/6/26	08:00 am											Deepika 26/6/26 @8PM	
	09:00 am												
	10:00 am												
	11:00 am		Daly										
	12:00 pm		+ H ₂ O							✓			
	01:00 pm												
Total Intake :						Total Output :							
26/6/26	02:00 pm											Deepika 26/6/26 @8PM	
	03:00 pm		Rice										
	04:00 pm		+ H ₂ O										
	05:00 pm					✓				✓			
	06:00 pm												
	07:00 pm		H ₂ O										
Total Intake :						Total Output :							
	08:00 pm											Deepika 26/6/26 @8PM	
	09:00 pm		upm							✓			
	10:00 pm		+ H ₂ O										
	11:00 pm												
	12:00 am												
	01:00 am									✓			
Total Intake :						Total Output :							
	02:00 am											Deepika 26/6/26 @8PM	
	03:00 am									✓			
	04:00 am		H ₂ O										
	05:00 am												
	06:00 am												
	07:00 am									✓			
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

VIH-00177465 IP-00060476
 Mrs V. JHANSI
 01-01-1991 35 Y 5 M 25 D (F)
 Dr. KAPPAGANTULA APARNA



FLUID CHART

Sheet No. : (3)

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
27/01/20	08:00 am	Idly + H2O									✓		Deepika 27/01/20 @ 2 pm
	09:00 am						✓						
	10:00 am												
	11:00 am												
	12:00 pm										✓		
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00177465
 Mrs V. JHANSI
 01-01-1991
 Dr. KAPPAGANTULA APARNA
 35 Y 5 M 24 D (F)
 IP-00060476



MEDICATION RECONCILIATION FORM

Drug Allergies: NIL Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: Ww Shifted to: 05

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	24/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	24/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. ASTYMEN FORTE	1 TAB	PO	ONCE DAILY	24/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Yogeshwari

Date & Time: 25/6/2026 10:30 AM

Nurse Name & Signature: Pooja

Date & Time: 25/6/2026 dt: 10:30 AM

VIH-00177465 IP-00060476
 Mrs V. JHANSI
 01-01-1991 35 Y 5 M 25 D (F)
 Dr. KAPPAGANTULA APARNA



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: MICU Shifted to: Room (205)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INI- PARACETAMOL	1GM	IV	8th hly	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INI- METRONIDAZOLE	500MG	IV	8th hly	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	SUPPOSITORY PARACETAMOL	250MG	PR	12th hly	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TR PANTOPRAZOLE	40MG	PO	ONCE DAILY	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *G. Duquesne*

Date & Time : 25/6/26, 11 PM

Nurse Name & Signature: *Medha M*

Date & Time : 25/6/26 11pm

VIH-00177465 IP-00060476
 Mrs V. JHANSI
 01-01-1991 35 Y 5 M 24 D (F)
 Dr. KAPPAGANTULA APARNA

Ref. No. : F / HW / DC / RP / INPR / 05.a



I.P. No. Sheet No. 1 Wards MICU Weight (kg) 67.5kg

REGULAR PRESCRIPTIONS

DRUG: SUPPOSITORY DICLOFENAC

Dose	Route	Frequency	Start Dt.	Date	Time
100mg	PR	12TH HOURLY	25/6	8 AM	
Name & Signature of the Doctor starting the Drugs: <u>DR. NIKHITA</u>				STOP Dr Ashwin 25/6 3:30 PM	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG: INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.	Date	Time
1gm	IV	12TH HOURLY	25/6		
Name & Signature of the Doctor starting the Drugs: <u>Dr Ashwin</u>				STOP 25/6/26 4 PM	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG: INJ-PARACETAMOL

Dose	Route	Frequency	Start Dt.	Date	Time
1GM	IV	8th hourly	25/6	6 AM	
Name & Signature of the Doctor starting the Drugs: <u>Dr. Geetha</u>				STOP Dr Nikhita 26/5/26 4 PM	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG: INJ-METRONIDAZOLE

Dose	Route	Frequency	Start Dt.	Date	Time
500MG	IV	8th hourly	25/6	7 AM	
Name & Signature of the Doctor starting the Drugs: <u>Dr. Geetha</u>				STOP 3 PM	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

Choke 25/6/26

25/6/26

Patient No.	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG : T. AUGMENTIN + POTASSIUM CLAVULANATE				Date	26/6	27/6														
Dose	Route	Frequency	Start Dt.	Time	10 AM	10 AM														
625mg	PO	12th hourly	26/6																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:				10 PM																
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. CINTAPRIDE				Date	26/6															
Dose	Route	Frequency	Start Dt.	Time	11 AM															
1mg	PO	12th Hourly	26/6																	
Name & Signature of the Doctor starting the Drugs:				DR. NIKHITA																
Additional Instructions:				10 PM																
Daily Doctor's Endorsement by a Sign.																				

DRUG : SUPPOSITORY PARACETAMOL				Date	27/6															
Dose	Route	Frequency	Start Dt.	Time	12 PM															
250mg	PR	ONCE DAILY	26/6																	
Name & Signature of the Doctor starting the Drugs:				DR. NIKHITA																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : INT. PARACETAMOL				Date	26/6															
Dose	Route	Frequency	Start Dt.	Time	10 PM															
1gm	IU	ONCE DAILY	26/6																	
Name & Signature of the Doctor starting the Drugs:				DR. NIKHITA																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

Dr. Aparna

Dr. Nikhita

S. Maayamma

S. Maayamma

S. Maayamma



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
VARIABLE DOSE	Dose		Dose		Dose		Dose	
DRUG :	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS


Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6/26	11:50 AM	INT CEFOTAXIME	1 gm	IV	[Signature]	[Signatures]
25/6/26	11:30 AM	INT METOCLOPRA-MIDE	10 mg	IV	[Signature]	[Signatures]
25/6/26	11:30 AM	INT PANTOPRA-ZOLE	40 mg	IV	[Signature]	[Signatures]
25/06	12:21 PM	Liq. CARBETOCIN	100mcg	IV	[Signature]	[Signatures]
25/06	01:05 PM	Sup. TRAMADOL	100mg	PR	[Signature]	[Signatures]
25/06	01:05 PM	Sup. DICLOFENAC	100mg	PR	[Signature]	[Signatures]
25/6	12:25 PM	TAB. MISOPROSTOL	400 MICG	SL	[Signature]	[Signatures]
25/6	1:05 PM	TAB. MISOPROSTOL	200 MICG	PR	[Signature]	[Signatures]
25/6	3:09 PM	INT HYDRO CORTESONE	100mg	IV	[Signature]	[Signatures]


25/6 3:09 PM INT PNEUMIRA 2 ML

VERIFIED by [Signature] Name [Signature]

Chok 25/6/26
Chok 25/6/26

Chart 25/6/24

DRUG : TAB. PANTOPRAZOLE				Date Time
Dose	Route	Frequency	Start Date	
40 mg	PO	ONCE DAILY	25/6	26/6
Name & Signature of the Doctor Starting the Drugs:  DR. NIKHITA				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : INJ. CEFOTAXIME				Date Time
Dose	Route	Frequency	Start Date	
1GM	I.V	12TH HOURLY	25/6	
Name & Signature of the Doctor Starting the Drugs:  DR. NIKHITA				
Additional Instructions: STOP Dr. Ashwini 3:30PM 25/6				
Daily Doctor's Endorsement by a Sign				



DRUG : INJ. AMIKACIN				Date Time
Dose	Route	Frequency	Start Date	
750mg	I.V	ONCE DAILY	25/6	
Name & Signature of the Doctor Starting the Drugs:  DR. NIKHITA				
Additional Instructions: STOP Dr. Ashwini 3:30PM 25/6				
Daily Doctor's Endorsement by a Sign				

Chart 25/6/24

DRUG : SUPPOSITORY PARACETAMOL				Date Time
Dose	Route	Frequency	Start Date	
250mg	PR	12TH HOURLY	25/6	26/6
Name & Signature of the Doctor Starting the Drugs:  DR. NIKHITA				
Additional Instructions: STOP Dr. Nikhita 26/6/26 4 pm				
Daily Doctor's Endorsement by a Sign				